

no worse off than before it was conceived, yet surely her behaviour is morally objectionable.

To handle this case, Kamm proposes that it is, other things equal, wrong to create a person whose life will not contain some minimum number of years at a minimal level of welfare, one somewhat higher than makes a life better than nothing. (This is part of what she calls 'creating responsibly'.) But how much does one owe to a fetus to ensure that it either is not created or enjoys these minima? In particular, does one owe it as much as sexual abstinence or carriage through pregnancy? Kamm argues that given certain reasonable moral claims, for example, about the value of sexual activity, and certain facts, for example, that there are no completely safe and effective contraceptives, one does not owe a fetus this much. Just as one may kill the violinist to avoid a bodily invasion, so one may fail to provide a fetus with the minima if doing so is sufficiently costly. It is reasonable to hold, she concludes, that even if a fetus has rights, in many cases aborting it is not wrong.

This brief summary cannot do justice to the richness of Kamm's discussion. She raises many new issues about abortion and consistently makes insightful points about them. But her book is not easy to read. This is partly because of the complexity of its contents; Kamm rightly believes that many factors are relevant to a Thomson-style argument about abortion. But she does not give as much guidance as she should through this complexity. Her book contains few signposts explaining how a particular discussion fits into its larger argument; the reader is left to work out what is central and what is a digression. There is not even a conclusion summarizing Kamm's main results. If it is true that God dwells in the details, this is an excessively God-inhabited book.

These weaknesses of exposition are unfortunate, for if one works through them, *Creation and Abortion* is a sophisticated and exciting discussion of a neglected aspect of the abortion debate.

References

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Whose life is it anyhow?

Simon L Cohen, 206 pages, London, 1993, Robson Books, £16.95

Cohen's snappily paced book is self-avowedly an attempt 'to elicit public support to ensure continuing adequate intensive care life saving facilities' (page ix). Its twenty-three chapters, averaging about nine pages each, touch upon many largely familiar areas of ethical concern in the ITU without appearing to grapple with any of them.

The approach is case-based to the extent that about 20 per cent of the text is taken up with narratives of cases that Cohen has seen in his work. Unfortunately, these histories are more of an alternative to, than illustrations of, philosophical discussion. Cohen falls victim to the common fallacy that a plethora of examples shows something new, rather than giving one example and wrestling with its difficulties. Nevertheless, many of his cases are fascinating, especially to a non-medic to whom they are new, but this unbridled proliferation means the book tends to read like an intensivist's diary rather than a work of medical ethics.

One theme that runs through the book is the tension – in the scenario of limited resources – in 'spending a very large proportion of one's public health resources on a very small number of patients' (page 8). Cohen's conviction that this is the right thing to do allows no discussion of any alternative position: any idea of stratifying the acutely ill 'conjure[s] images of an ICU doctor conniving with his infamous colleague Mengele' (page 30). His own position is quite clear, that the only acceptable criterion for prioritising patients is medical need.

Given this (unargued for) position, it is strange that Cohen concludes that 'it is important that the public is able to discuss and indeed express views about these ethical dilemmas so that it is the general public and not the doctor who controls life' (page 199). One thing we can be sure of is that those best qualified to assess medical criteria are doctors, not the general public, and that whatever criteria the latter use are unlikely to be purely medical.

Moreover, if all there is to resource allocation decisions is an estimate of medical need, then the question ceases to be a moral one at all. The

question, then, is whether Cohen's notion of medical decision-making is value-free or not. If it is, then it is hard to see that the dilemma is a moral one. If, on the other hand, it is not, then why should it have any kind of priority over value-laden decisions?

The book as a whole is an interesting example of a familiar medical position that holds that most problems can be solved by a combination of improving the quality of the diagnosis and making more money available. Philosophically, it is neither particularly clear nor original, nor is it well referenced enough to facilitate further study. Its quick-fire approach to a variety of ethical dilemmas, combined with a wealth of the kind of dramatic cases that have made the BBC's *Casualty* such a success should appeal to its target audience, the general public. The danger is that its accessible if somewhat superficial treatment of these questions might lull the general reader into thinking that there was nothing more to them. It would be a valuable addition to any public library, if a little out of its depth in an academic one.

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The medical school's mission and the population's health

Edited by Kerr L White and Julia E Connelly, 281 pages, New York, 1992, Springer-Verlag, Dm 118.00

This book records the proceedings of a four-cornered (US, UK, Canada, Australia) meeting which was organised with the central purpose of defining the mission of the medical school and, particularly, of establishing its position *vis-à-vis* the community. The book consists of nine main papers with additional prepared discussion. The general premise is that medical faculties have lost interest in the health of populations and that current teaching methods are concentrated on specialties and even narrower sub-specialties. The recurring theme is that this does not produce ideal general practitioners – leading to a feeling of *déjà vu*, for this is something we have known for more than half a century.

Medical schools are said to have a social contract with the populations

served and the difficulty for this reviewer is to understand how this contract is to be developed. By and large, it must be through the individual – to do otherwise must be, as Hamilton points out, to change the medical ethic. Several of the participants share these doubts. Dr McWhinney, for example, points out that we must not make too much of a distinction between clinical and population competency for the latter will be applied through the former. Put another way by Sir Douglas Black: 'The ideal curriculum should recognise that population problems are aggregations of individual problems'. Moreover, while doctors must know about and understand the effect of the environment, both natural and man-made, on the distribution of ill-health, the resolution of such problems is not within the power of the medical school whose essential function, as Inui puts it, is to educate physicians.

How we are educating them is another matter. It may well be that the 'humanitarian dimensions' of doctoring are being sacrificed to the rote of science and it is certain that the undergraduate medical curriculum is too crowded. Perhaps we should avoid the concept of the five or six-year undergraduate training programme and think more in terms of a ten-year graduate curriculum. In any event, the sweeping re-orientation suggested throughout the book is probably unattainable. The major difficulty is that the majority of, at least UK, hospitals are not community-based and the graduates go out to serve disparate populations – not excluding those of developing countries whose needs may be completely different. The paper by Marmot and Zwi, 'A model exercise in public health', demonstrates this only too well. Several contributors come from medical schools which claim that population-based education of the type envisaged can be achieved – but one suspects that Newcastle, NSW, for example, is, by reason of geography, the classic community-based medical school. In fact, the contributions from discussants are, in many ways, more readable than the primary papers insofar as they bring us back from Utopia to Camberwell.

This is a very seriously written book which is, incidentally, beautifully edited and well produced. In so far as medical ethics are founded in the medical school, it has an interest for readers of this journal – but it takes a

long time to make a relatively narrow point. It is essentially for educationists and community physicians who will follow the discussions with interest and benefit.

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International ethical guidelines for biomedical research involving human subjects

Council for International Organisations of Medical Sciences (CIOMS) and the World Health Organisation (WHO), 63 pages, Geneva, 1993, CIOMS, Swfr 10

These guidelines from the Council for International Organisations of Medical Sciences (CIOMS) and the World Health Organisation (WHO) are 'designed to be of use, particularly to developing countries, in defining national policies on the ethics of biomedical research, applying ethical standards in local circumstances, and establishing or redefining adequate mechanisms for ethical review of research involving human subjects'. It is an indication of how far agreement has been reached in principle about the important ethical issues to be addressed in medical research on humans that the guidelines given in this document do not differ, substantially, from most other recognised guidelines.

The CIOMS guidelines are a revised version of a 1982 draft. They have been updated because great changes have taken place both in the practice of biomedical research and in moral attitudes towards it. There has been a shift away from a duty-based morality in which a doctor is required to make decisions on his or her patient's behalf (and hence a researcher on his or her subject's behalf) towards acknowledging the autonomy of the individual. Further, the utilitarian pursuit of improving medicine for all has been checked by concern for those who would be the guinea pigs or subjects of research. These guidelines, then, give special attention to 'vulnerable groups', for

example, children, pregnant or lactating women, prisoners, people with HIV/AIDS or similar life-threatening diseases, and populations in underdeveloped countries which could be exploited.

The guidelines fully acknowledge the importance of respecting the autonomy of individuals, to the point where in guideline six the 'mentally and behaviourally disturbed' potential subject should be given a kind of partial autonomy – 'consent ... [should be obtained] to the extent of that subject's capabilities', and for children in guideline five it is suggested that at 13 they can understand enough to give consent. However, the guidelines also take seriously the need to protect subjects from harm, and seek always to balance non-maleficence and autonomy. While such a balance is never easy to strike, the guideline which succeeds best in this is number 15: 'Externally sponsored research'. Here the moral responsibilities of sponsors of research are spelled out. Research should not take place in underdeveloped countries just because requirements are not stringent there in the way they are in more developed countries. Rather, the research should take place as a response to local needs. The guideline stipulates that research protocols should be subjected to ethical review both in the sponsor's country and in the host country. (The logistics of this are interesting – does this mean Western countries should have special, national research ethics committees created for this purpose?) External sponsors also, however, have an obligation to 'help develop the host country's capacity to carry out similar research projects independently, including their ethical review'. The sponsors should therefore employ local people to help with the research and should give money and advice to governments to set up local research ethics committees. The balance is struck between sponsors taking full responsibility for the research they undertake and in avoiding harm to its recipients, while at the same time enabling host countries to become self-sufficient in respect of ethical review and scientific expertise, so that they can decide for themselves.

These guidelines are extremely helpful. They present a basis for any country in the world to proceed with medical research. Their focus is almost entirely upon the protection of those who would be research subjects which, while this may be seen as a